



भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार

Unique Identification Authority of India
Government of India

Dr. PIYUSH GOYAL
MBBS, DMRD (Radiology)
RMC No. - 037241
Dr. GOYAL'S
Path Lab & Imaging Center, Jaipur

लगाव क्रमांक Enrolment No.: 1050/50106/01563

19/11/2011

To,
Laxmi Kant Sharma
लक्ष्मी कान्त शर्मा
S/O Lallu Lal Sharma
50 DEEP VIHAR BENAR ROAD DADI KA PHATAK
JHOTWARA
Jaipur Jhotwara Jaipur
Rajasthan 302012
Mobile:



UC 07564136 5 IN

Ref No.:412B3E9X-7564136



आपका आधार क्रमांक / Your Aadhaar No. :

3195 0584 8773

आधार — आम आदमी का अधिकार



भारत सरकार

GOVERNMENT OF INDIA



लक्ष्मी कान्त शर्मा
Laxmi Kant Sharma

जन्म वर्ष / Year of Birth : 1969
पुरुष / Male

3195 0584 8773



आधार — आम आदमी का अधिकार

Dr. Goyal's

Path Lab & Imaging Centre



MC - 2300



B-51, Ganesh Nagar, Opp. Janpath Corner, New Sangner Road, Jaipur-302019

Tele: 0141-2293346, 4049787, 9887049787

Website: www.drgoyalspathlab.com | E-mail: drgoyalpyush@gmail.com

Date :- 25/12/2021 09:15:40

Patient ID :- 122125914

NAME :- Mr. LAXMI KANT SHARMA

Ref. By Dr:- BOB

Sex / Age :- Male 52 Yrs 7 Mon 13 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA

Sample Collected Time 25/12/2021 09:40:54

Final Authentication : 25/12/2021 14:15:06

HAEMATOLOGY

| Test Name | Value | Unit | Biological Ref Interval |
|-----------|-------|------|-------------------------|
|-----------|-------|------|-------------------------|

BOB PACKAGE ABOVE 40MALE

GLYCOSYLATED HEMOGLOBIN (HbA1C)

Method:- HPLC

11.1 H %

Non-diabetic: < 5.7
Pre-diabetics: 5.7-6.4
Diabetics: = 6.5 or higher
ADA Target: 7.0
Action suggested: > 6.5

Instrument name: ARKRAY's ADAMS Lite HA 8380V, JAPAN.

Test Interpretation:

HbA1C is formed by the condensation of glucose with n-terminal valine residue of each beta chain of HbA to form an unstable schiff base. It is the major fraction, constituting approximately 80% of HbA1c. Formation of glycosylated hemoglobin (GHb) is essentially irreversible and the concentration in the blood depends on both the lifespan of the red blood cells (RBC) (120 days) and the blood glucose concentration. The GHb concentration represents the integrated values for glucose over the period of 6 to 8 weeks. GHb values are free of day to day glucose fluctuations and are unaffected by recent exercise or food ingestion. Concentration of plasma glucose concentration in GHb depends on the time interval, with more recent values providing a larger contribution than earlier values. The interpretation of GHb depends on RBC having a normal life span. Patients with hemolytic disease or other conditions with shortened RBC survival exhibit a substantial reduction of GHb. High GHb have been reported in iron deficiency anemia. GHb has been firmly established as an index of long term blood glucose concentrations and as a measure of the risk for the development of complications in patients with diabetes mellitus. The absolute risk of retinopathy and nephropathy are directly proportional to the mean of HbA1C. Genetic variants (e.g. HbS trait, HbC trait), elevated HbF and chemically modified derivatives of hemoglobin can affect the accuracy of HbA1c measurements. The effects vary depending on the specific Hb variant or derivative and the specific HbA1c method.

Ref by ADA 2020

MEAN PLASMA GLUCOSE

Method:- Calculated Parameter

272 H mg/dL

Non Diabetic < 100 mg/dL
Prediabetic 100- 125 mg/dL
Diabetic 126 mg/dL or Higher

Technologist

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M.D (Path) RMC No.-17226

"CONDITIONS OF REPORTING SEE OVER LEAF"



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| HAEMOGARAM | | | |
| HAEMOGLOBIN (Hb) | 15.4 | g/dL | 13.0 - 17.0 |
| TOTAL LEUCOCYTE COUNT | 5.69 | /cumm | 4.00 - 10.00 |
| DIFFERENTIAL LEUCOCYTE COUNT | | | |
| NEUTROPHIL | 45.1 | % | 40.0 - 80.0 |
| LYMPHOCYTE | 47.8 H | % | 20.0 - 40.0 |
| EOSINOPHIL | 4.4 | % | 1.0 - 6.0 |
| MONOCYTE | 2.5 | % | 2.0 - 10.0 |
| BASOPHIL | 0.2 | % | 0.0 - 2.0 |
| NEUT# | 2.57 | 10 ³ /uL | 1.50 - 7.00 |
| LYMPH# | 2.72 | 10 ³ /uL | 1.00 - 3.70 |
| EO# | 0.25 | 10 ³ /uL | 0.00 - 0.40 |
| MONO# | 0.14 | 10 ³ /uL | 0.00 - 0.70 |
| BASO# | 0.01 | 10 ³ /uL | 0.00 - 0.10 |
| TOTAL RED BLOOD CELL COUNT (RBC) | 5.22 | x10 ⁶ /uL | 4.50 - 5.50 |
| HEMATOCRIT (HCT) | 43.80 | % | 40.00 - 50.00 |
| MEAN CORP VOLUME (MCV) | 84.0 | fL | 83.0 - 101.0 |
| MEAN CORP HB (MCH) | 29.5 | pg | 27.0 - 32.0 |
| MEAN CORP HB CONC (MCHC) | 34.5 | g/dL | 31.5 - 34.5 |
| PLATELET COUNT | 277 | x10 ³ /uL | 150 - 410 |
| RDW-CV | 12.7 | % | 11.6 - 14.0 |
| MENTZER INDEX | 16.09 | | |

The Mentzer index is used to differentiate iron deficiency anemia from beta thalassemia trait. If a CBC indicates microcytic anemia, these are two of the most likely causes, making it necessary to distinguish between them.

If the quotient of the mean corpuscular volume divided by the red blood cell count is less than 13, thalassemia is more likely. If the result is greater than 13, then iron-deficiency anemia is more likely.

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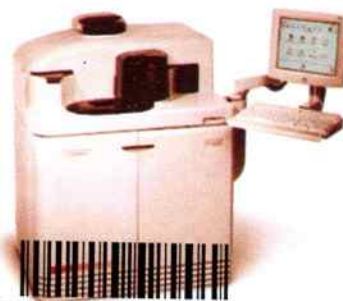
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Erythrocyte Sedimentation Rate (ESR)

08

mm/hr.

00 - 13

(ESR) Methodology : Measurement of ESR by cells aggregation.

Instrument Name : Independent form Hematocrit value by Automated Analyzer (Roller-20)

Interpretation : ESR test is a non-specific indicator of inflammatory disease and abnormal protein states.

The test is used to detect, follow course of a certain disease (e.g-tuberculosis, rheumatic fever, myocardial infarction)

Levels are higher in pregnancy due to hyperfibrinogenaemia.

The "3-figure ESR " $\times > 100$ value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia or connective tissue disease.

(CBC) Methodology : TLC, DLC Fluorescent Flow cytometry, HB SLS method, TRBC, PCV, PLT Hydrodynamically focused Impedance, and MCH, MCV, MCHC, MENTZER INDEX are calculated. Instrument Name: Sysmex 6 part fully automatic analyzer XN-L, Japan

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Sample Type :- PLAIN/SERUM

Sample Collected Time 25/12/2021 09:40:54

Final Authentication : 25/12/2021 12:16:19

BIOCHEMISTRY

| Test Name | Value | Unit | Biological Ref Interval |
|---|--------|-------|--|
| LIPID PROFILE | | | |
| TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method | 189.65 | mg/dl | Desirable <200 Borderline 200-239 High > 240 |
| TRIGLYCERIDES Method:- GPO-PAP | 84.50 | mg/dl | Normal <150 Borderline high 150-199 High 200-499 Very high >500 |
| VLDL CHOLESTEROL Method:- Calculated | 16.90 | mg/dl | 0.00 - 80.00 |

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BIOCHEMISTRY

| Test Name | Value | Unit | Biological Ref Interval |
|--|--------|-------|---|
| DIRECT HDL CHOLESTEROL Method:- Direct clearance Method | 42.60 | mg/dl | Low < 40 High > 60 |
| DIRECT LDL CHOLESTEROL Method:- Direct clearance Method | 132.97 | mg/dl | Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190 |
| T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated | 4.45 | | 0.00 - 4.90 |
| LDL / HDL CHOLESTEROL RATIO Method:- Calculated | 3.12 | | 0.00 - 3.50 |
| TOTAL LIPID Method:- CALCULATED | 532.45 | mg/dl | 400.00 - 1000.00 |
| TOTAL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders. | | | |
| TRIGLYCERIDES InstrumentName:Randox Rx Imola Interpretation: Triglyceride measurements are used in the diagnosis and treatment of diseases involving lipid metabolism and various endocrine disorders e.g. diabetes mellitus, nephrosis and liver obstruction | | | |
| DIRECT HDLCHOLESTERO InstrumentName:Randox Rx Imola Interpretation: An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies. Accurate measurement of HDL-C is of vital importance when assessing patient risk from CHD. Direct measurement gives improved accuracy and reproducibility when compared to precipitation methods. | | | |
| DIRECT LDL-CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Accurate measurement of LDL-Cholesterol is of vital importance in therapies which focus on lipid reduction to prevent atherosclerosis or reduce its progress and to avoid plaque rupture. | | | |
| TOTAL LIPID AND VLDL ARE CALCULATED | | | |

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BIOCHEMISTRY

| Test Name | Value | Unit | Biological Ref Interval |
|---|-------|-------|---|
| LIVER PROFILE WITH GGT | | | |
| SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method | 0.69 | mg/dl | Up to - 1.0 Cord blood <2 mg/dL Premature < 6 days <16mg/dL Full-term < 6 days= 12 mg/dL 1month - <12 months <2 mg/dL 1-19 years <1.5 mg/dL Adult - Up to - 1.2 Ref-(ACCP 2020) |
| SGOT Method:- IFCC | 18.6 | U/L | Men- Up to - 37.0 Women - Up to - 31.0 |
| SGPT Method:- IFCC | 13.9 | U/L | Men- Up to - 40.0 Women - Up to - 31.0 |
| SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer | 90.10 | IU/L | 30.00 - 120.00 |
| SERUM TOTAL PROTEIN Method:- Biuret Reagent | 6.93 | g/dl | 6.40 - 8.30 |
| SERUM ALBUMIN Method:- Bromocresol Green | 4.51 | g/dl | 3.80 - 5.00 |
| SERUM GLOBULIN Method:- CALCULATION | 2.42 | gm/dl | 2.20 - 3.50 |
| A/G RATIO | 1.86 | | 1.30 - 2.50 |

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BIOCHEMISTRY

| Test Name | Value | Unit | Biological Ref Interval |
|--|-------|-------|---|
| SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method | 0.22 | mg/dL | Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL |
| SERUM BILIRUBIN (INDIRECT) Method:- Calculated | 0.47 | mg/dl | 0.30-0.70 |
| SERUM GAMMA GT Method:- IFCC | 34.50 | U/L | 11.00 - 50.00 |

Total Bilirubin Methodology: Colorimetric method InstrumentName: Randox Rx Imola Interpretation: An increase in bilirubin concentration in the serum occurs in toxic or infectious diseases of the liver e.g. hepatitis B or obstruction of the bile duct and in rhesus incompatible babies. High levels of unconjugated bilirubin indicate that too much haemoglobin is being destroyed or that the liver is not actively treating the haemoglobin it is receiving.

AST Aspartate Aminotransferase Methodology: IFCC InstrumentName: Randox Rx Imola Interpretation: Elevated levels of AST can signal myocardial infarction, hepatic disease, muscular dystrophy and organ damage. Although heart muscle is found to have the most activity of the enzyme, significant activity has also been seen in the brain, liver, gastric mucosa, adipose tissue and kidneys of humans.

ALT Alanine Aminotransferase Methodology: IFCC InstrumentName: Randox Rx Imola Interpretation: The enzyme ALT has been found to be in highest concentrations in the liver, with decreasing concentrations found in kidney, heart, skeletal muscle, pancreas, spleen and lung tissue respectively. Elevated levels of the transaminases can indicate myocardial infarction, hepatic disease, muscular dystrophy and organ damage.

Alkaline Phosphatase Methodology: AMP Buffer InstrumentName: Randox Rx Imola Interpretation: Measurements of alkaline phosphatase are of use in the diagnosis, treatment and investigation of hepatobiliary disease and in bone disease associated with increased osteoblastic activity. Alkaline phosphatase is also used in the diagnosis of parathyroid and intestinal disease.

TOTAL PROTEIN Methodology: Biuret Reagent InstrumentName: Randox Rx Imola Interpretation: Measurements obtained by this method are used in the diagnosis and treatment of a variety of diseases involving the liver, kidney and bone marrow as well as other metabolic or nutritional disorders.

ALBUMIN (ALB) Methodology: Bromocresol Green InstrumentName: Randox Rx Imola Interpretation: Albumin measurements are used in the diagnosis and treatment of numerous diseases involving primarily the liver or kidneys. Globulin & A/G ratio is calculated.

Instrument Name Randox Rx Imola Interpretation: Elevations in GGT levels are seen earlier and more pronounced than those with other liver enzymes in cases of obstructive jaundice and metastatic neoplasms. It may reach 5 to 30 times normal levels in intra- or post-hepatic biliary obstruction. Only moderate elevations in the enzyme level (2 to 5 times normal) are observed with infectious hepatitis.

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Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 25/12/2021 09:40:54

Final Authentication : 25/12/2021 11:49:08

IMMUNOASSAY

| Test Name | Value | Unit | Biological Ref Interval |
|--|-------|--------|-------------------------|
| TOTAL THYROID PROFILE | | | |
| SERUM TSH Method:- Enhanced Chemiluminescence Immunoassay | 3.050 | μIU/mL | 0.465 - 4.680 |

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IMMUNOASSAY

| Test Name | Value | Unit | Biological Ref Interval |
|-----------|-------|------|-------------------------|
|-----------|-------|------|-------------------------|

SERUM TOTAL T3

Method:- Chemiluminescence(Competitive immunoassay)

1.140

ng/ml

0.970 - 1.690

SERUM TOTAL T4

Method:- Chemiluminescence(Competitive immunoassay)

7.900

ug/dl

5.530 - 11.000

InstrumentName: VITROS ECI **Interpretation:** Triiodothyronine (T3) contributes to the maintenance of the euthyroid state. A decrease in T3 concentration of up to 50% occurs in a variety of clinical situations, including acute and chronic disease. Although T3 results alone cannot be used to diagnose hypothyroidism, T3 concentration may be more sensitive than thyroxine (T4) for hyperthyroidism. Consequently, the total T3 assay can be used in conjunction with other assays to aid in the differential diagnosis of thyroid disease. T3 concentrations may be altered in some conditions, such as pregnancy, that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, Free T3 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake, or T4 uptake can be used with the total T3 result to calculate the free T3 index and estimate the concentration of free T3.

InstrumentName: VITROS ECI **Interpretation:** The measurement of Total T4 aids in the differential diagnosis of thyroid disease. While >99.9% of T4 is protein-bound, primarily to thyroxine-binding globulin (TBG), it is the free fraction that is biologically active. In most patients, the total T4 concentration is a good indicator of thyroid status. T4 concentrations may be altered in some conditions, such as pregnancy, that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, free T4 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake may be used with the total T4 result to calculate the free T4 index (FT4I) and estimate the concentration of free T4. Some drugs and some nonthyroidal patient conditions are known to alter TT4 concentrations in vivo.

InstrumentName: VITROS ECI **Interpretation:** TSH stimulates the production of thyroxine (T4) and triiodothyronine (T3) by the thyroid gland. The diagnosis of overt hypothyroidism by the finding of a low total T4 or free T4 concentration is readily confirmed by a raised TSH concentration. Measurement of low or undetectable TSH concentrations may assist the diagnosis of hyperthyroidism, where concentrations of T4 and T3 are elevated and TSH secretion is suppressed. These have the advantage of discriminating between the concentrations of TSH observed in thyrotoxicosis, compared with the low, but detectable, concentrations that occur in subclinical hyperthyroidism. The performance of this assay has not been established for neonatal specimens. Some drugs and some nonthyroidal patient conditions are known to alter TSH concentrations in vivo.

INTERPRETATION

| PREGNANCY | REFERENCE RANGE FOR TSH IN uIU/mL (As per American Thyroid Association) |
|---------------|---|
| 1st Trimester | 0.10-2.50 |
| 2nd Trimester | 0.20-3.00 |
| 3rd Trimester | 0.30-3.00 |

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Sample Type :- URINE

Sample Collected Time 25/12/2021 09:40:54

Final Authentication : 25/12/2021 12:03:53

CLINICAL PATHOLOGY

| Test Name | Value | Unit | Biological Ref Interval |
|--------------------------------------|--------|------|-------------------------|
| Urine Routine | | | |
| <u>MICROSCOPY EXAMINATION</u> | | | |
| RBC/HPF | NIL | /HPF | NIL |
| WBC/HPF | 2-3 | /HPF | 2-3 |
| EPITHELIAL CELLS | 1-2 | /HPF | 2-3 |
| CRYSTALS/HPF | ABSENT | | ABSENT |
| CAST/HPF | ABSENT | | ABSENT |
| AMORPHOUS SEDIMENT | ABSENT | | ABSENT |
| BACTERIAL FLORA | ABSENT | | ABSENT |
| YEAST CELL | ABSENT | | ABSENT |
| OTHER | ABSENT | | ABSENT |

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CLINICAL PATHOLOGY

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|-----------------------------|-------------|------|-------------------------|
| PHYSICAL EXAMINATION | | | |
| COLOUR | PALE YELLOW | | PALE YELLOW |
| APPEARANCE | Clear | | Clear |
| CHEMICAL EXAMINATION | | | |
| REACTION(PH) | 6.5 | | |
| SPECIFIC GRAVITY | 1.025 | | 5.0 - 7.5 |
| PROTEIN | NIL | | 1.010 - 1.030 |
| SUGAR | NIL | | NIL |
| BILIRUBIN | NIL | | NIL |
| UROBILINOGEN | NEGATIVE | | NEGATIVE |
| KETONES | NORMAL | | NORMAL |
| NITRITE | NEGATIVE | | NEGATIVE |
| | NEGATIVE | | NEGATIVE |

Technologist

POOJABOHRHA

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Sex / Age :- Male 52 Yrs 7 Mon 13 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- STOOL

Sample Collected Time 25/12/2021 13:22:54

Final Authentication : 25/12/2021 13:53:41

CLINICAL PATHOLOGY

| Test Name | Value | Unit | Biological Ref Interval |
|-----------|-------|------|-------------------------|
|-----------|-------|------|-------------------------|

STOOL ANALYSIS

PHYSICAL EXAMINATION

MUCUS

BLOOD

MICROSCOPIC EXAMINATION

RBC's

/HPF

WBC/HPF

/HPF

OVA

CYSTS

OTHERS

Collected Sample Received

Technologist

POOJABOHRA

Page No: 12 of 16

"CONDITIONS OF REPORTING SEE OVER LEAF"

Dr. Goyal's

Path Lab & Imaging Centre



B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur-302019

Tele: 0141-2293346, 4049787, 9887049787

Website: www.dr.goyalpathlab.com | E-mail: dr.goyalpiyush@gmail.com

Date :- 25/12/2021 09:15:40

Patient ID :- 122125914

NAME :- Mr. LAXMI KANT SHARMA

Ref. By Dr:- BOB

Sex / Age :- Male 52 Yrs 7 Mon 13 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- KOx/Na FLUORIDE-F, KOx/Na BIPHOSPHATE-P, URIC ACID-SERUM

Final Authentication : 25/12/2021 14:30:49

BIOCHEMISTRY

| Test Name | Value | Unit | Biological Ref Interval |
|-----------|-------|------|-------------------------|
|-----------|-------|------|-------------------------|

FASTING BLOOD SUGAR (Plasma)

206.5 H

mg/dl

75.0 - 115.0

Method:- GOD PAP

Impaired glucose tolerance (IGT)

111 - 125 mg/dL

Diabetes Mellitus (DM)

> 126 mg/dL

Instrument Name: Randox Rx Imola **Interpretation:** Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases.

BLOOD SUGAR PP (Plasma)

250.7 H

mg/dl

70.0 - 140.0

Method:- GOD PAP

Instrument Name: Randox Rx Imola **Interpretation:** Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases.

SERUM CREATININE

1.01

mg/dl

Men - 0.6-1.30
Women - 0.5-1.20

Method:- Colorimetric Method

SERUM URIC ACID

4.81

mg/dl

Men - 3.4-7.0
Women - 2.4-5.7

Method:- Enzymatic colorimetric

Technologist

JITENDRAKUMAWAT, SURENDRAKHANGA

DR. TANURUNGT
M.D (Path) RMC No.-17226

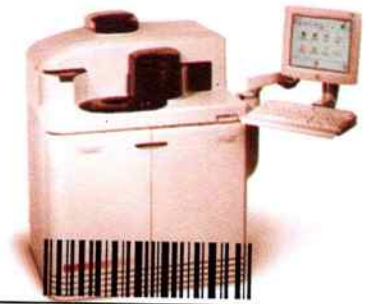
Dr. Goyal's

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Tele : 0141-2293346, 4049787, 9887049787

Website : www.drgoyalpathlab.com | E-mail : drgoyalpiyush@gmail.com



Date :- 25/12/2021 09:15:40

Patient ID :-122125914

NAME :- Mr. LAXMI KANT SHARMA

Ref. By Dr:- BOB

Sex / Age :- Male 52 Yrs 7 Mon 13 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA, PLAIN/SERUM, URINE, SPINE FLUID Collected Time 25/12/2021 13:22:54

Final Authentication : 25/12/2021 14:15:06

HAEMATOLOGY

| Test Name | Value | Unit | Biological Ref Interval |
|---|-------------|-------|-------------------------|
| BLOOD GROUP ABO | "B"POSITIVE | | |
| BLOOD GROUP ABO Methodology : Haemagglutination reaction Kit Name : Monoclonal agglutinating antibodies (Span clone). | | | |
| URINE SUGAR (FASTING) Collected Sample Received | Nil | | Nil |
| URINE SUGAR PP Collected Sample Received | Nil | | Nil |
| BLOOD UREA NITROGEN (BUN) | 9.0 | mg/dl | 0.0 - 23.0 |

Technologist

BANWARI, POOJABOHRA, SURENDRAKHANGA

Page No: 15 of 16

DR. TANURUNGTA
M.D (Path) RMC No.-17226

" CONDITIONS OF REPORTING SEE OVER LEAF"

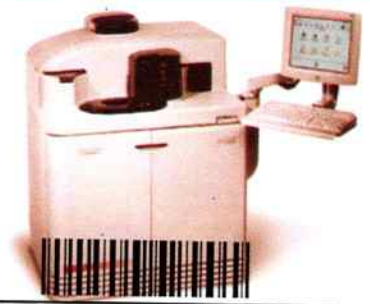
Dr. Goyal's

Path Lab & Imaging Centre

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Tele : 0141-2293346, 4049787, 9887049787

Website : www.drgoyalpathlab.com | E-mail : drgoyalpiyush@gmail.com



Date :- 25/12/2021 09:15:40

Patient ID :- 122125914

NAME :- Mr. LAXMI KANT SHARMA

Ref. By Dr:- BOB

Sex / Age :- Male 52 Yrs 7 Mon 13 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 25/12/2021 09:40:54

Final Authentication : 25/12/2021 11:49:08

IMMUNOASSAY

| Test Name | Value | Unit | Biological Ref Interval |
|-----------|-------|------|-------------------------|
|-----------|-------|------|-------------------------|

TOTAL PSA

Method:- Chemiluminescence

0.251

ng/ml

0.000 - 4.000

InstrumentName: VITROS ECI **Interpretation :** Elevated serum PSA concentrations are found in men with prostate cancer, benign prostatic hypertrophy (BHP) or inflammatory conditions of other adjacent genitourinary tissues, but not in apparently healthy men or in men with cancers other than prostate cancer. PSA has been demonstrated to be an accurate marker for monitoring advancing clinical stage in untreated patients and for monitoring response to therapy by radical prostatectomy, radiation therapy and anti-androgen therapy. PSA is also important in determining the potential and actual effectiveness of surgery or other therapies. Progressive disease is defined by an increase of at least 25%. Sampling should be repeated within two to four weeks for additional evidence. Different assay methods cannot be used interchangeably.

*** End of Report ***

Technologist

ANANDSHARMA

Page No: 16 of 16



DR. TANURUNGTA
M.D (Path) RMC No.-17226

" CONDITIONS OF REPORTING SEE OVER LEAF "

Dr. Goyal's

Path Lab & Imaging Centre

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Website : www.drgoyalpathlab.com | E-mail : drgoyalpiyush@gmail.com



NAME :- Mr. LAXMI KANT SHARMA

Age :- 52 Yrs 7 Mon 13 Days

Sex :- Male

Patient ID :-122125914

Ref. By Doctor:-BOB

Lab/Hosp :-

Company :- MediWheel

Date :- 25/12/2021 09:15:40

Final Authentication : 25/12/2021 14:21:48

BOB PACKAGE ABOVE 40MALE

X RAY CHEST PA VIEW:

Both lung fields appears clear.

Bronchovascular markings appear normal.

Trachea is in midline.

Both the hilar shadows are normal.

Both the C.P.angles is clear.

Both the domes of diaphragm are normally placed.

Bony cage and soft tissue shadows are normal.

Heart shadows appear normal.

Impression :- Normal Study

(Please correlate clinically and with relevant further investigations)

*** End of Report ***

BILAL

Dr. Piyush Goyal
(D.M.R.D.)

Page No: 1 of 1

Dr. Piyush Goyal
M.B.B.S., D.M.R.D.
RMC Reg No. 017996

Dr. Poonam Gupta
MBBS, MD (Radio Diagnosis)
RMC No. 32495

Dr. Uma Mathuria
MBBS, MD (Radio Diagnosis)
RMC No. 22541

Dr. Hitesh Kumar Sharma
M.B.B.S., D.M.R.D.
RMC Reg No. 27380

Transcript by.

This report is not valid for medico-legal purpose.

Dr. Goyal's

Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur
Tele : 0141-2293346, 4049787, 9887049787
Website : www.drgoyalspathlab.com | E-mail : drgoyalpiyush@gmail.com



Date :- 25/12/2021 09:15:40
NAME :- Mr. LAXMI KANT SHARMA
Sex / Age :- Male 52 Yrs 7 Mon 13 Days
Company :- MediWheel

Patient ID :- 122125914
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 25/12/2021 10:01:11

BOB PACKAGE ABOVE 40MALE

USG WHOLE ABDOMEN

Liver is of normal size (~13.7cm) . **Echo-texture is bright.** No focal space occupying lesion is seen within liver parenchyma. Intra hepatic biliary channels are not dilated. Portal vein diameter is normal.

Gall bladder is of normal size. Wall is not thickened. No calculus or mass lesion is seen in gall bladder. Common bile duct is not dilated.

Pancreas is of normal size and contour. Echo-pattern is normal. No focal lesion is seen within pancreas.

Spleen is of normal size and shape. Echotexture is normal. No focal lesion is seen.

Kidneys are normally sited and are of normal size and shape. Cortico-medullary echoes are normal. No focal lesion is seen. Collecting system does not show any dilatation or calculus.

Urinary bladder is well distended and showing smooth wall with normal thickness. Urinary bladder does not show any calculus or mass lesion.

Prostate is normal in size (20cc) with normal echo-texture and outline.

No enlarged nodes are visualised.No retro-peritoneal lesion is identified
No significant free fluid is seen in peritoneal cavity.

IMPRESSION:

***Grade I fatty liver changes.**

Needs clinical correlation for further evaluation

*** End of Report ***

Page No: 1 of 1

BILAL

Dr. Piyush Goyal
M.B.B.S., D.M.R.D.
RMC Reg No. 017996

Dr. Poojyam Gupta
MBBS, MD (Radio Diagnosis)
RMC No. 32495

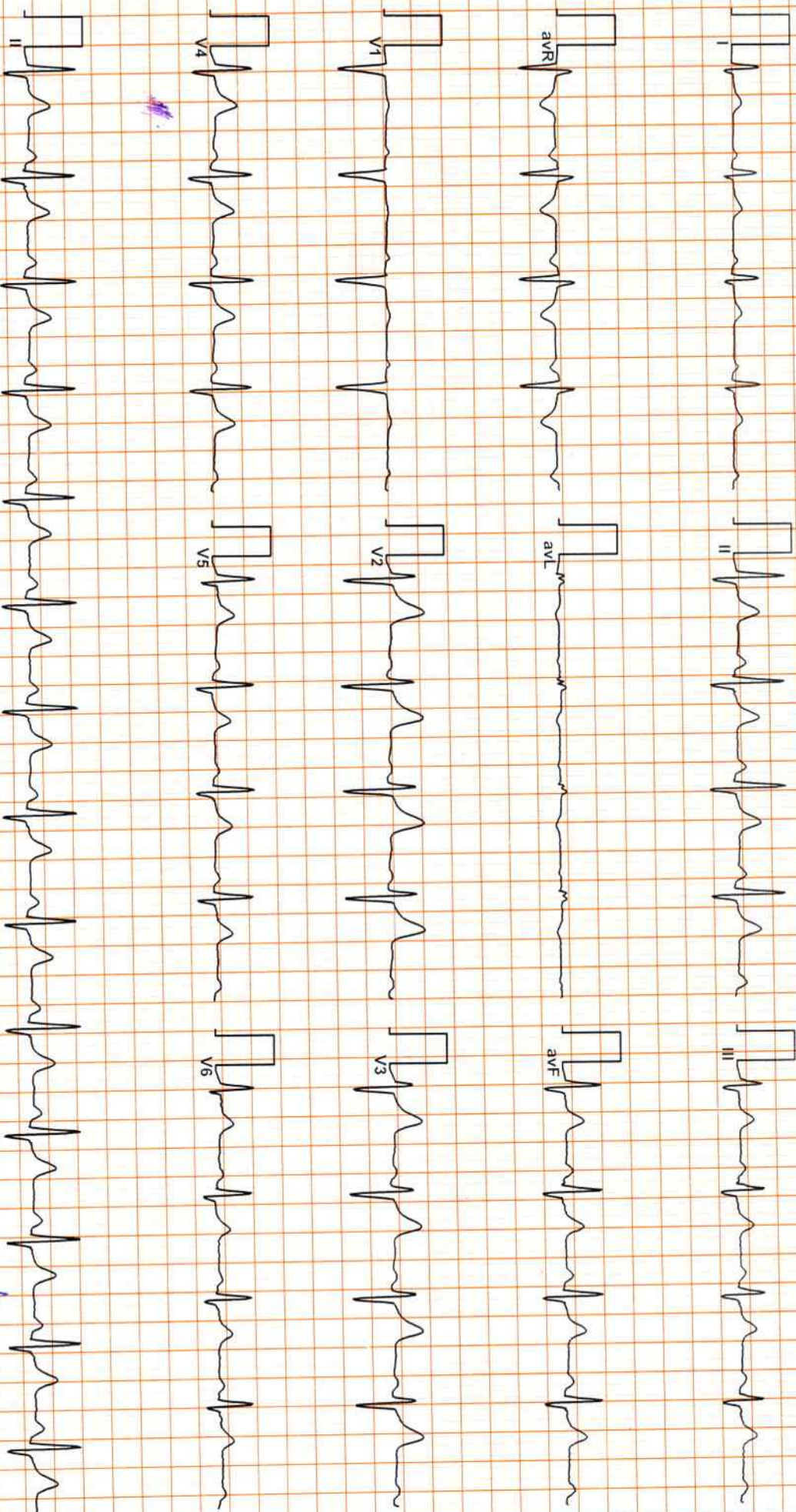
Dr. Uma Mathuria
MBBS, MD (Radio Diagnosis)
RMC No. 22541

Dr. Hitesh Kumar Sharma
M.B.B.S.,D.M.R.D.
RMC Reg No. 27380

Transcript by.

This report is not valid for medico-legal purpose.

10218 / LMR LAXMI KANT SHARMA / 52 Yrs / M/ Non Smoker
Heart Rate : 82 bpm / / Refd By: BOB / Tested On : 25-Dec-21 12:21:27 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s



82

← TUNL

DR. LAXMI KANT SHARMA
10218 / LMR LAXMI KANT SHARMA / 52 Yrs / M/ Non Smoker
Heart Rate : 82 bpm / / Refd By: BOB / Tested On : 25-Dec-21 12:21:27 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s

1590 / MR LAXMI KANT SHARMA / 52 Yrs / M / 0 Cms / 0 Kg Date: 25-Dec-2021 Refd By : BOB

| Stage | Time | Duration | Belt Speed (mph) | Elevation | METs | Rate | BP | RPP | PVC | Comments |
|---------------|-------|----------|------------------|-----------|------|------|--------|-----|-----|----------|
| Supine | 00:36 | 0:01 | 01.1 | 00.0 | 01.0 | 74 | 120/80 | 088 | 00 | |
| Standing | 01:00 | 0:01 | 01.1 | 00.0 | 01.0 | 73 | 120/80 | 087 | 00 | |
| HV | 01:18 | 0:01 | 01.1 | 00.0 | 01.0 | 090 | 120/80 | 108 | 00 | |
| ExStart | 01:57 | 0:07 | 01.7 | 10.0 | 01.1 | 087 | 120/80 | 104 | 00 | |
| BRUCE Stage 1 | 04:57 | 3:00 | 01.7 | 10.0 | 04.7 | 123 | 130/85 | 159 | 00 | |
| BRUCE Stage 2 | 07:57 | 3:00 | 02.5 | 12.0 | 07.1 | 143 | 140/85 | 200 | 00 | |
| PeakEX | 09:41 | 1:44 | 03.4 | 14.0 | 08.9 | 156 | 150/90 | 233 | 00 | |
| Recovery | 10:40 | 1:00 | 00.0 | 00.0 | 01.2 | 108 | 150/92 | 162 | 00 | |
| Recovery | 11:40 | 2:00 | 00.0 | 00.0 | 01.0 | 094 | 150/92 | 141 | 00 | |
| Recovery | 13:40 | 4:00 | 00.0 | 00.0 | 01.0 | 091 | 140/90 | 127 | 00 | |
| Recovery | 15:06 | 5:25 | 00.0 | 00.0 | 01.0 | 090 | 130/85 | 117 | 00 | |

Findings :

Exercise Time : 07:45
 Max HR Attained : 158 bpm 94% of Target 168
 Max BP Attained : 150/90
 Max Workload Attained : 8.9 Fair response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved, Test Complete, Heart Rate Achieved

Report :

[Handwritten Signature]

[Handwritten Signature]

*TM7 is negative
 For RMP @
 Peak exercise*

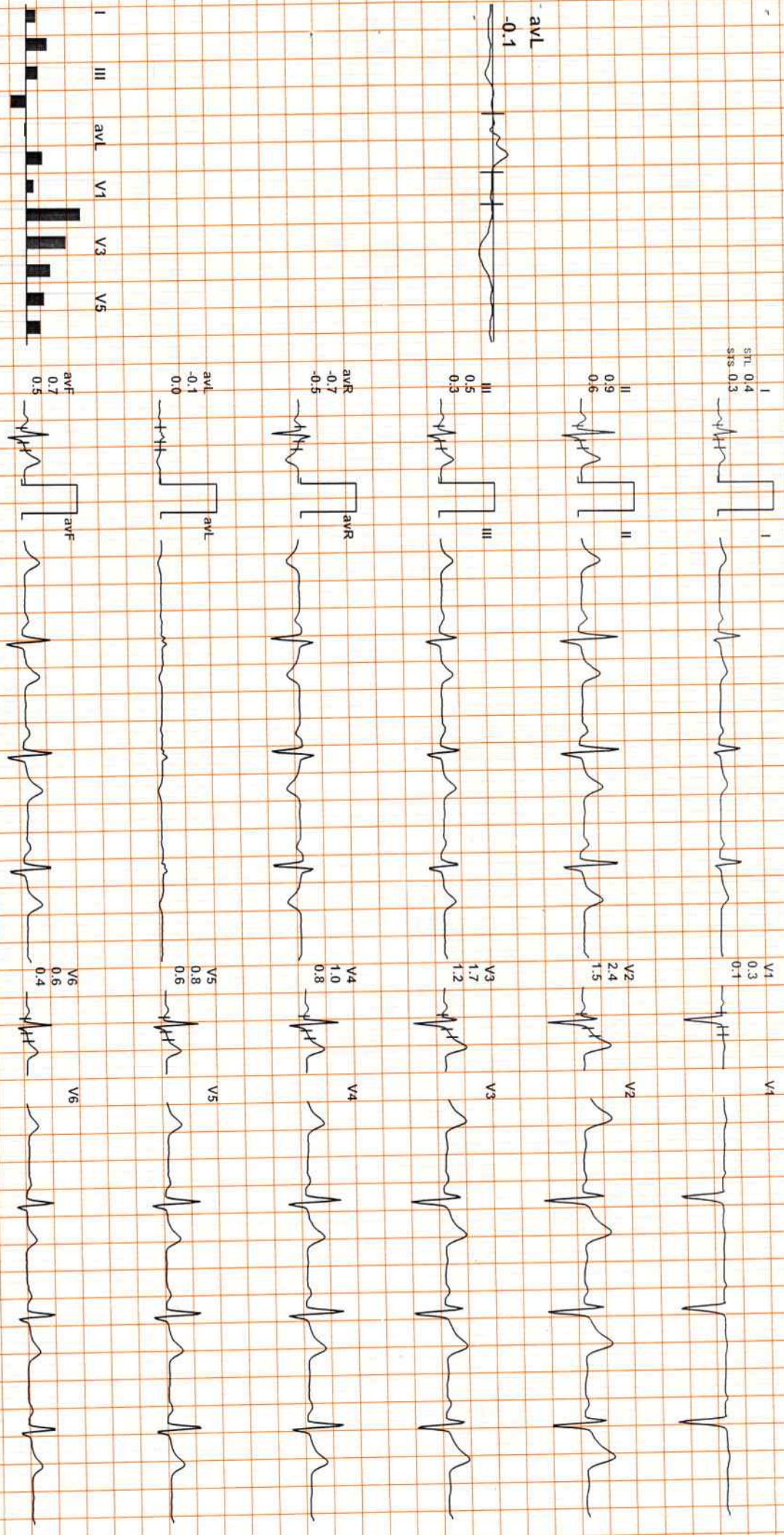
1590 / MR LAXMI KANT SHARMA / 52 Yrs / M

Date: 25-Dec-2021 12:02:21 PM METS: 1.0/74 bpm 44% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 00:36 1.1 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS: II aVR aVF V2 V4 V6



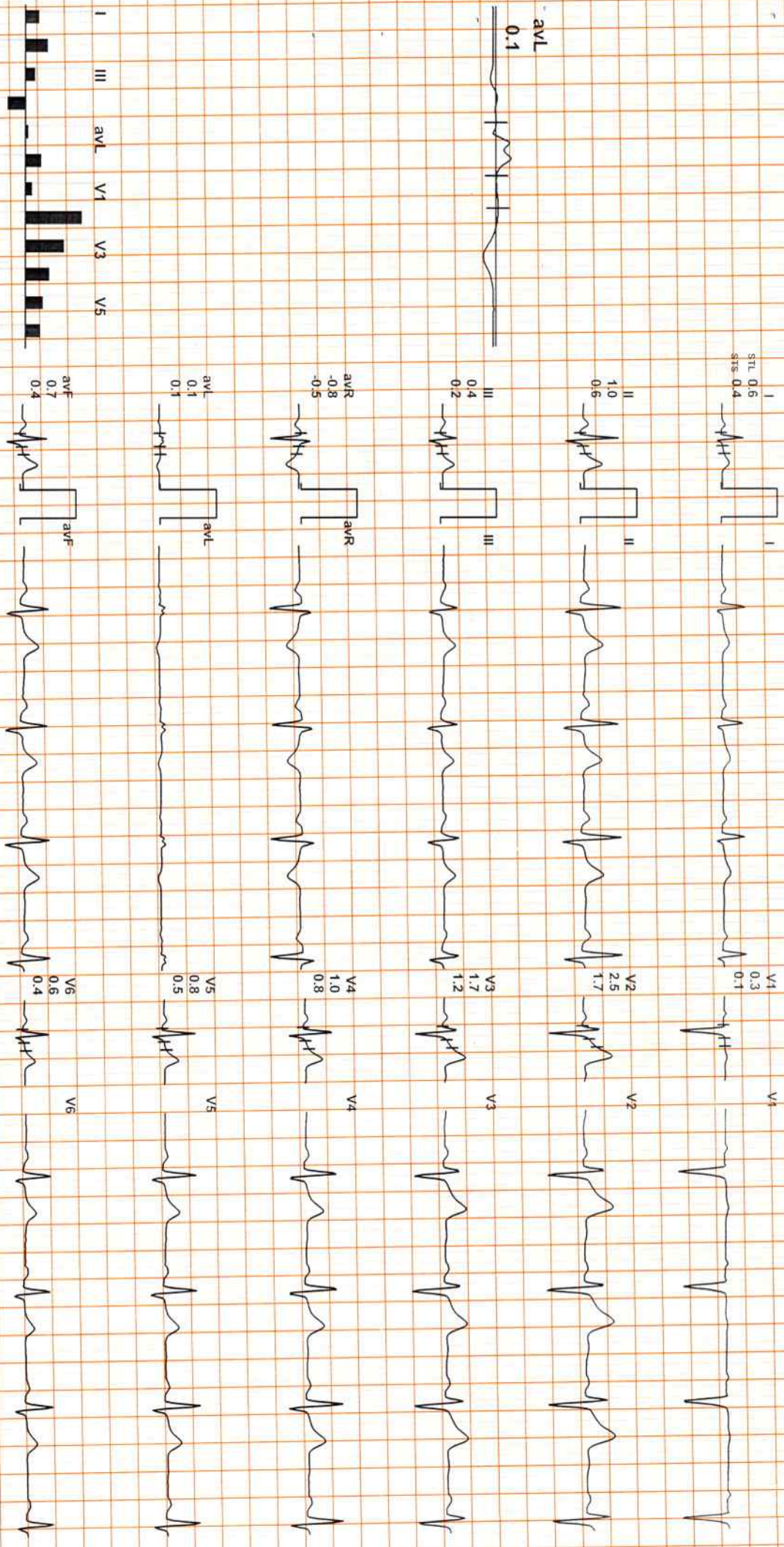
1590 / MR LAXMI KANT SHARMA / 52 Yrs / M

Date: 25-Dec-2021 12:02:21 PM METS: 1.0/ 73 bpm 43% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 01:00 1.1 mph, 0.0%

4X 80ms Post J

25 mm/Sec 1.0 Cm/mV



REMARKS: II avR avF V2 V4 V6



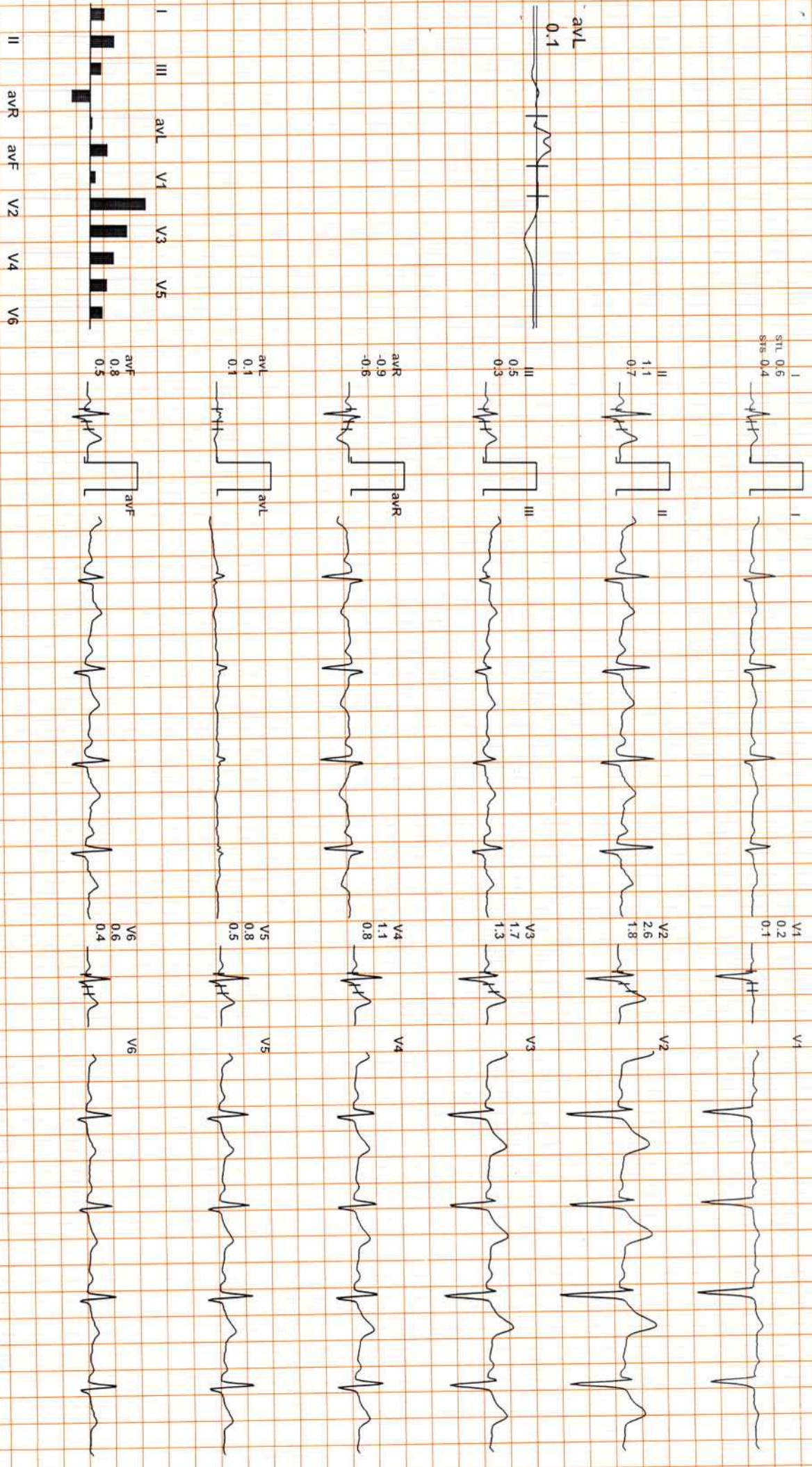
1590 / MR LAXMI KANT SHARMA / 52 Yrs / M

Date: 25-Dec-2021 12:02:21 PM METS: 1.0/ 90 bpm 53% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 100 Hz

ExTime: 01:18 1.1 mph, 0.0%

4X 80ms Post J

25 mm/Sec 1.0 Cm/mV



REMARKS:

(GEM210151123)Gemini A-DX by Allergers

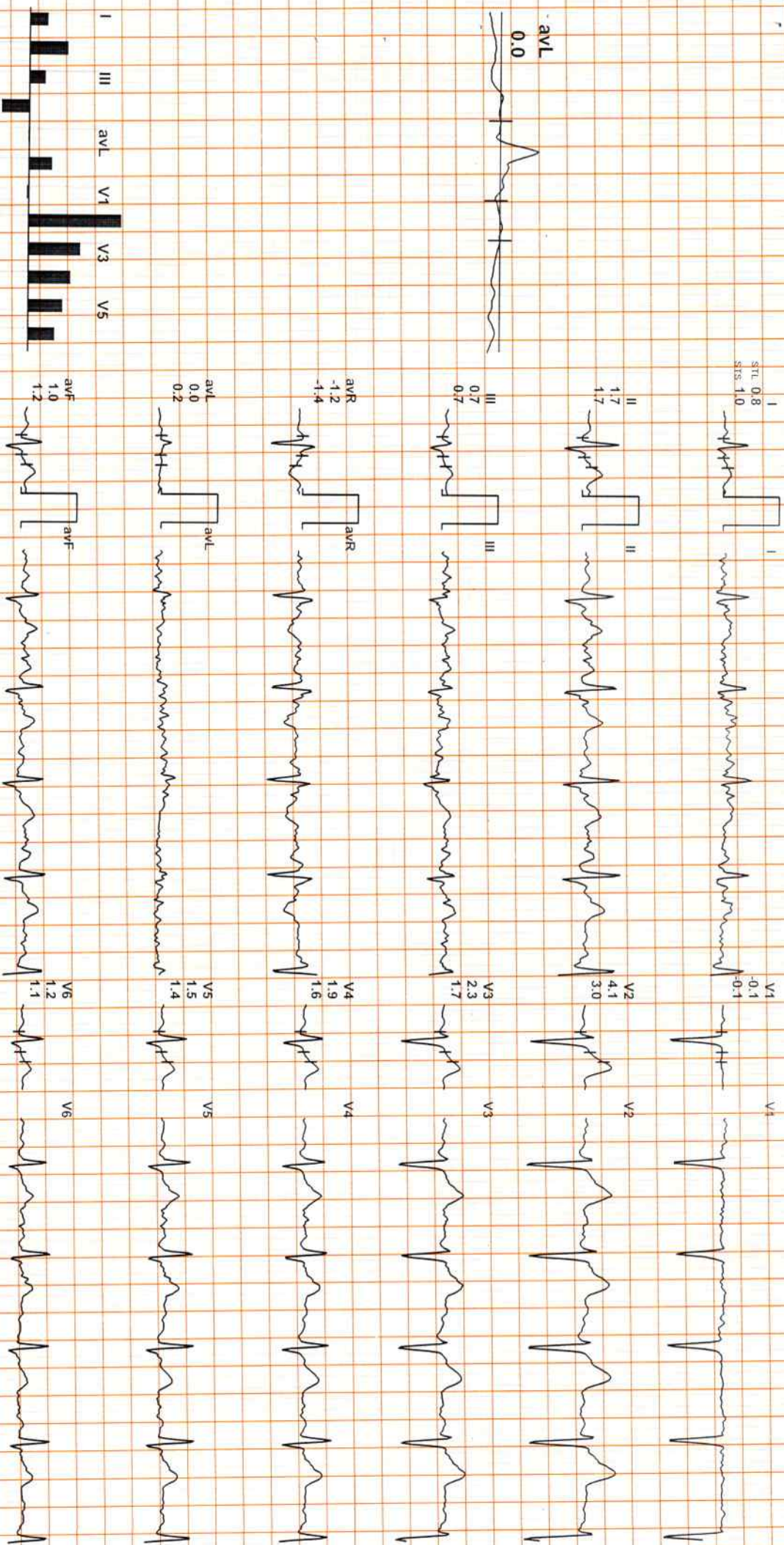
Date: 25-Dec-2021 12:02:21 PM METS: 1.1/ 87 bpm 51% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:07 1.7 mph, 10.0%

4X

80ms/Post J

25 mm/Sec 1.0 Cm/mV



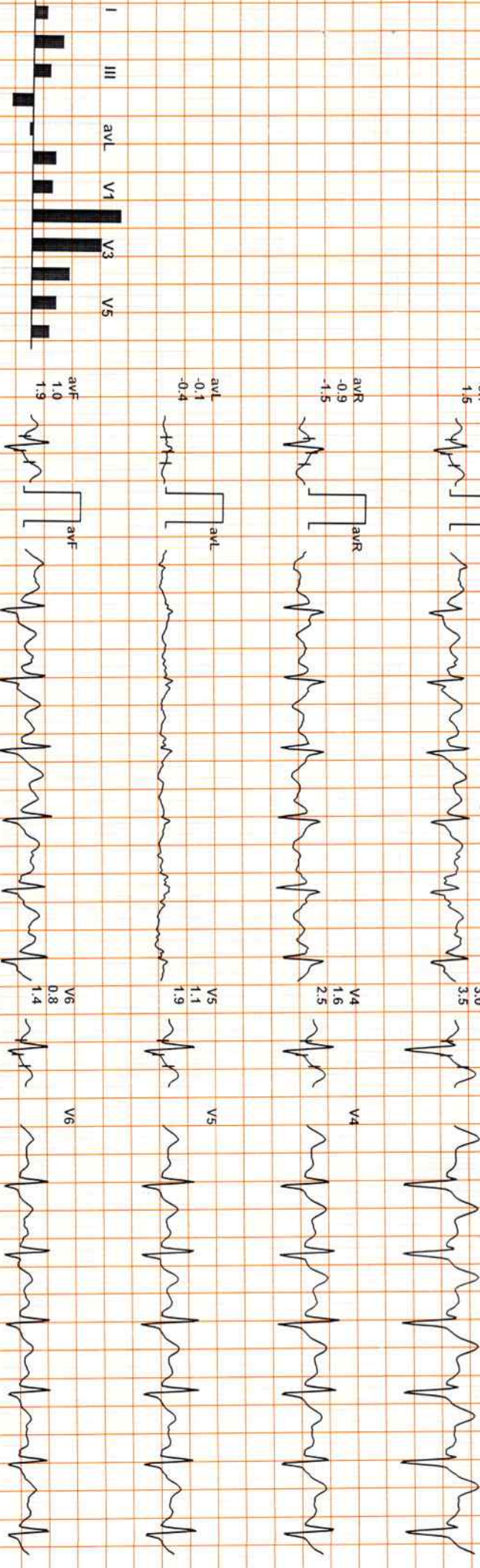
REMARKS:

Date: 25-Dec-2021 12:02:21 PM METS: 4.71 123 bpm 73% of THR BP: 130/85 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 03:00 1.7 mph 10.0%

4X 80ms Post J

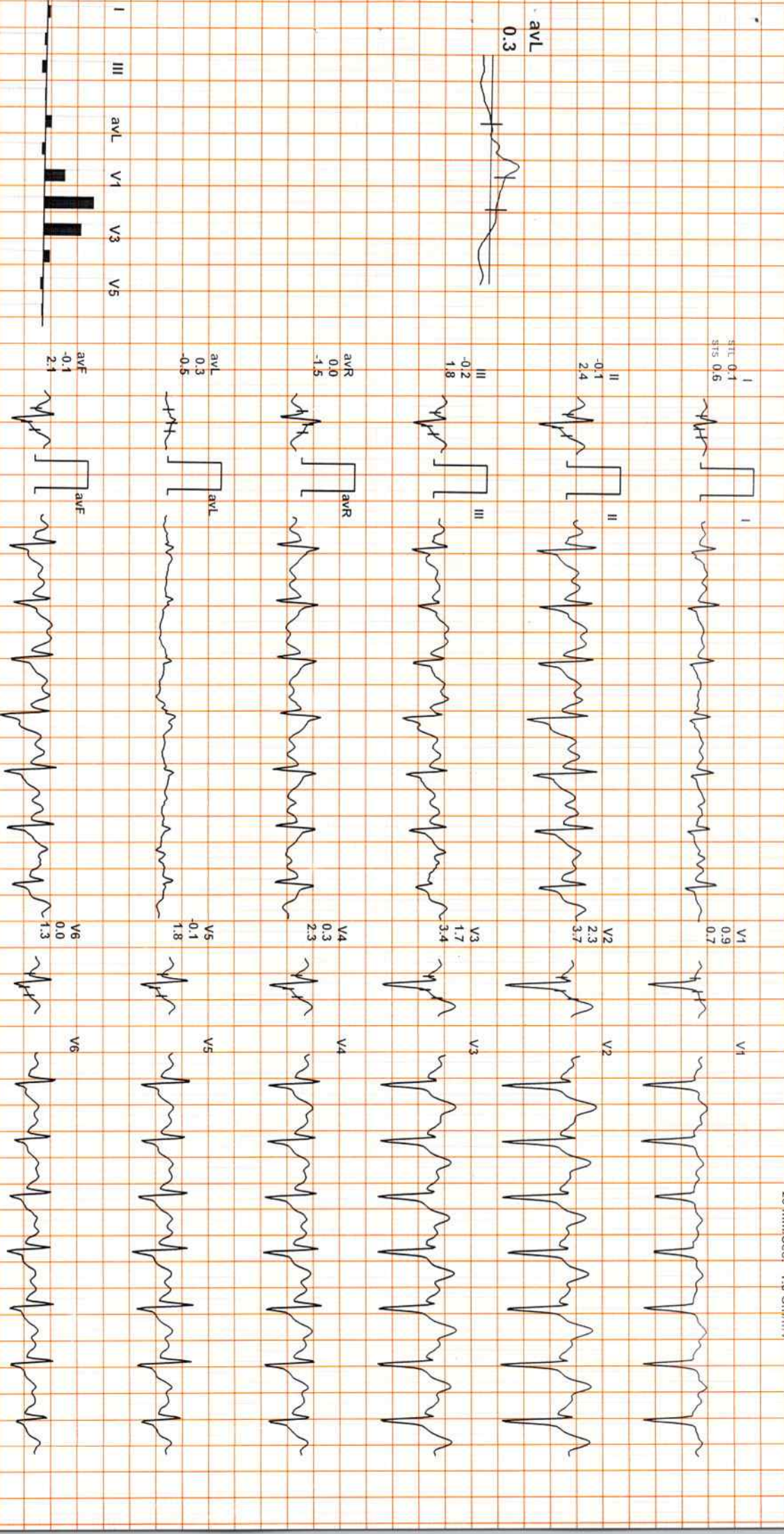
25mm/Sec: 1.0 Cm/mV



REMARKS:

Date: 25-Dec-2021 12:02:21 PM METS: 7.1/ 143 bpm 85% of THR BP: 140/85 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 06:00 2.5 mph, 12.0%



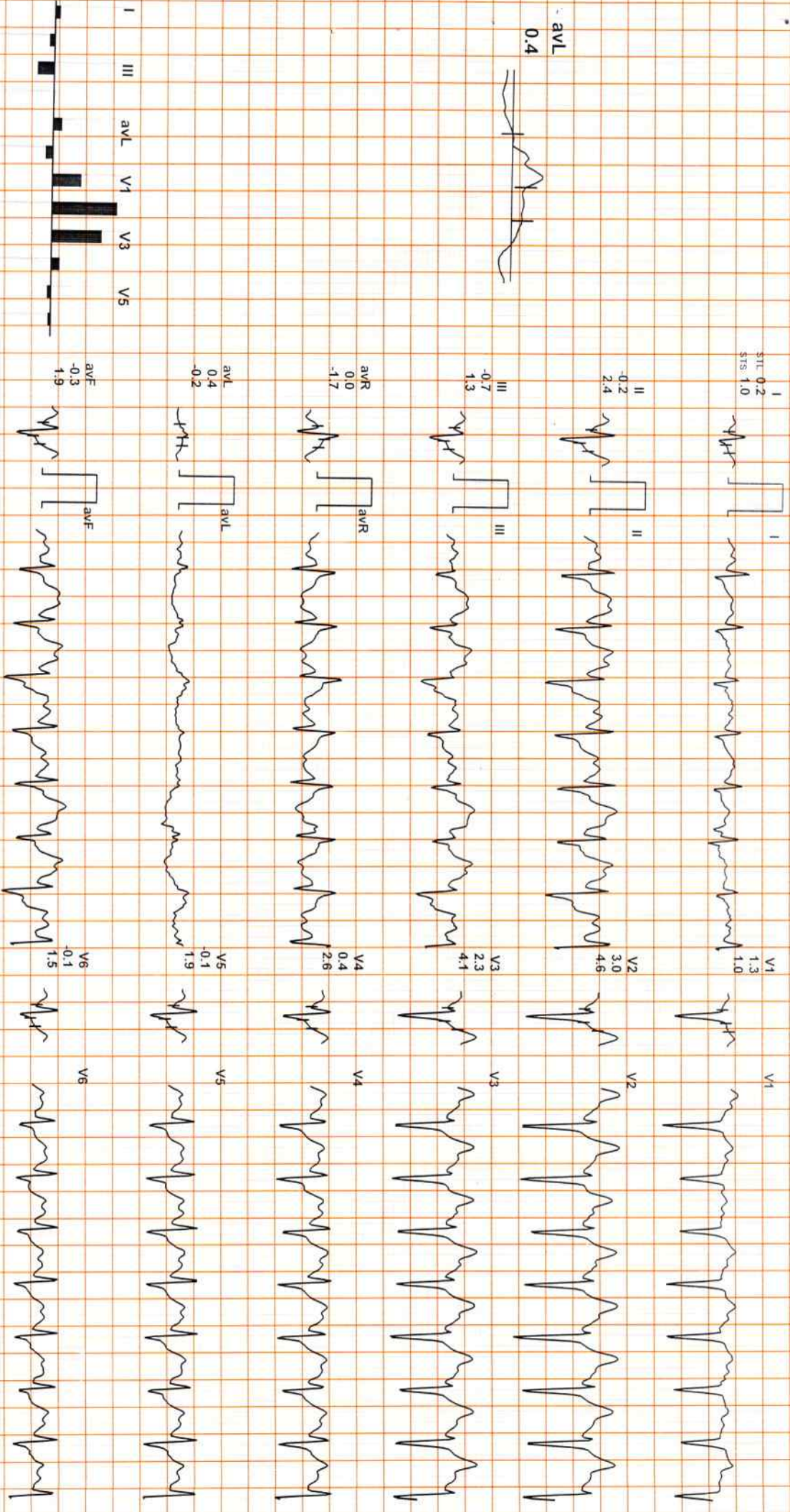
REMARKS:

Date: 25-Dec-2021 12:02:21 PM METS: 8.9 / 156 bpm 92% of THR BP: 150/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 07:44 3.4 mph, 14.0%

25 mm/Sec 1.0 Cm/mV

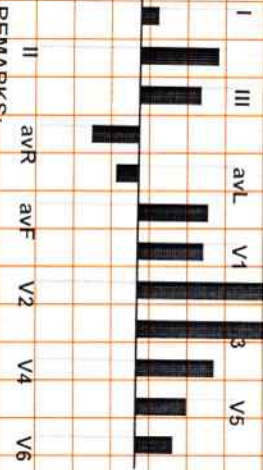
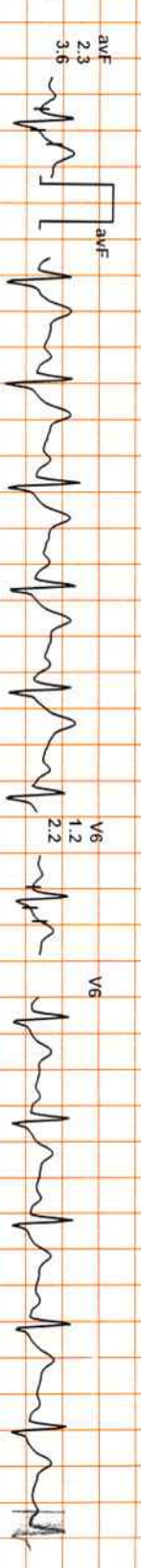
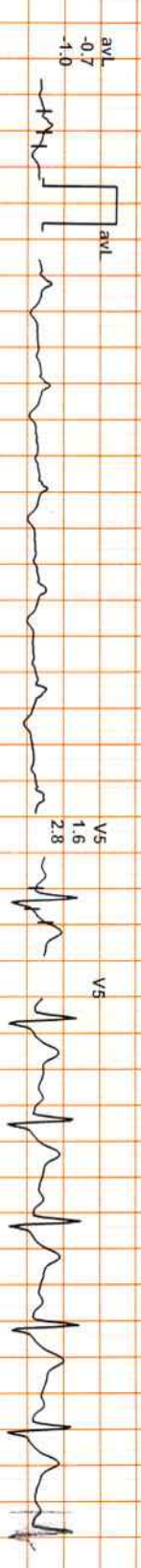
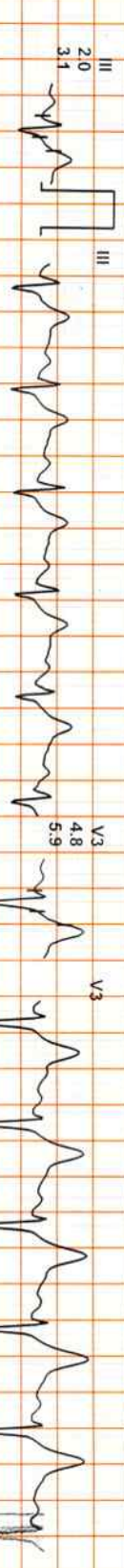
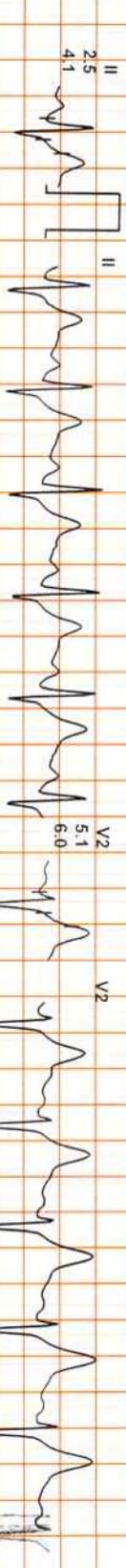
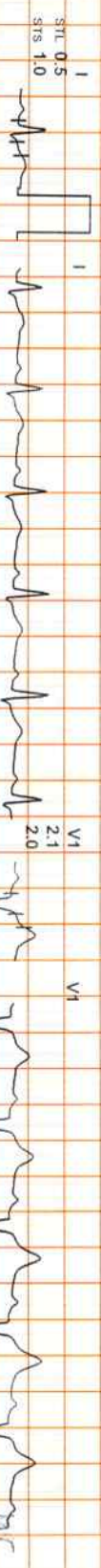
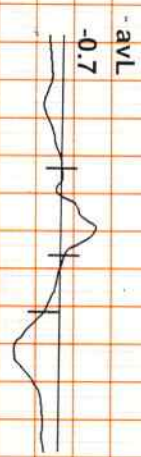
4X 60 mS Post J



REMARKS:

4X 70 ms Post J

25 mm/Sec: 1.0 Cm/mV



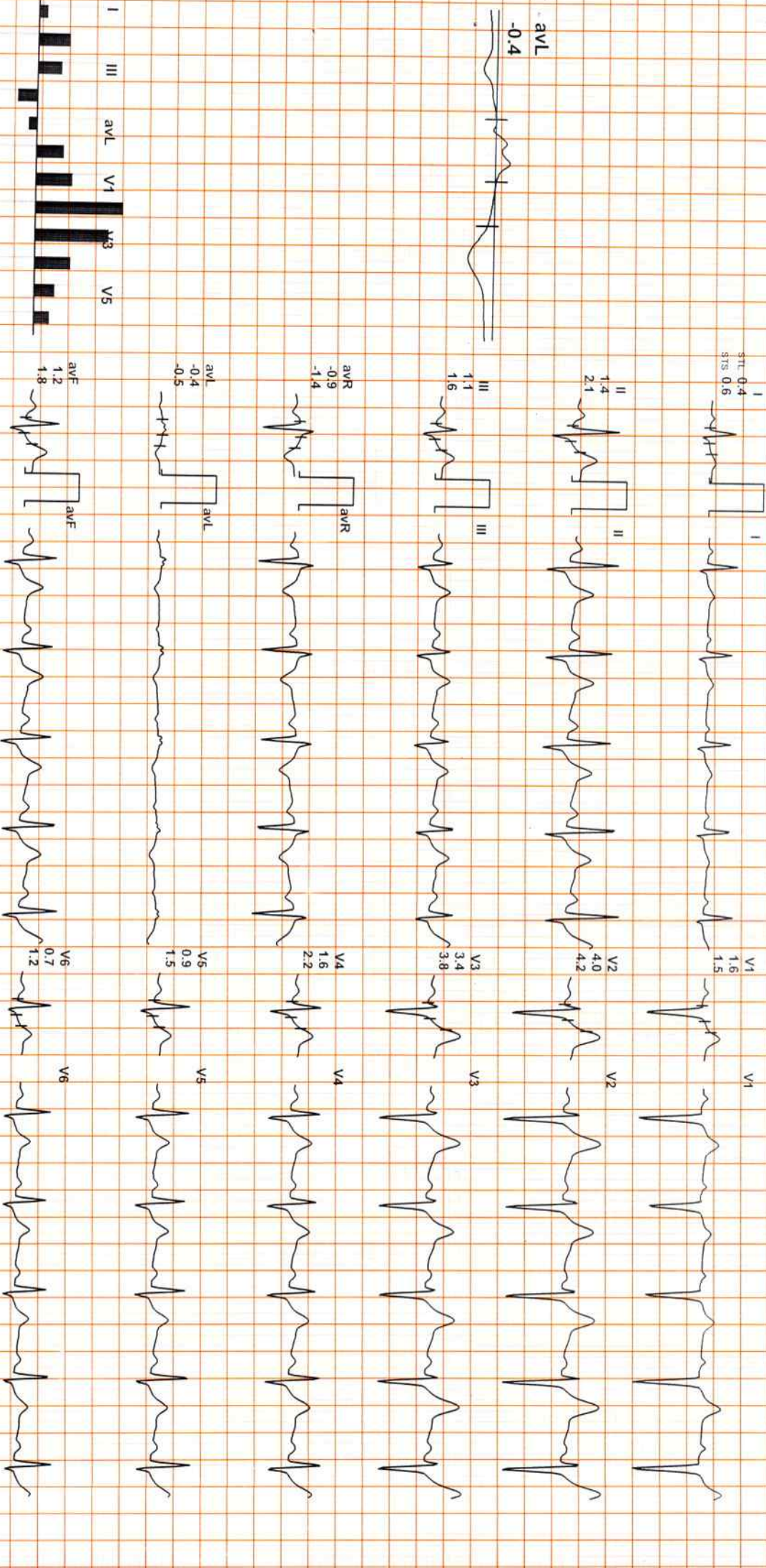
REMARKS:



Date: 25-Dec-2021 12:02:21 PM METS: 1.0/ 94 bpm 55% of THR BP: 150/92 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 07:45 0.0 mph, 0.0%

25 mm/Sec- 1.0 gm/mV



REMARKS:

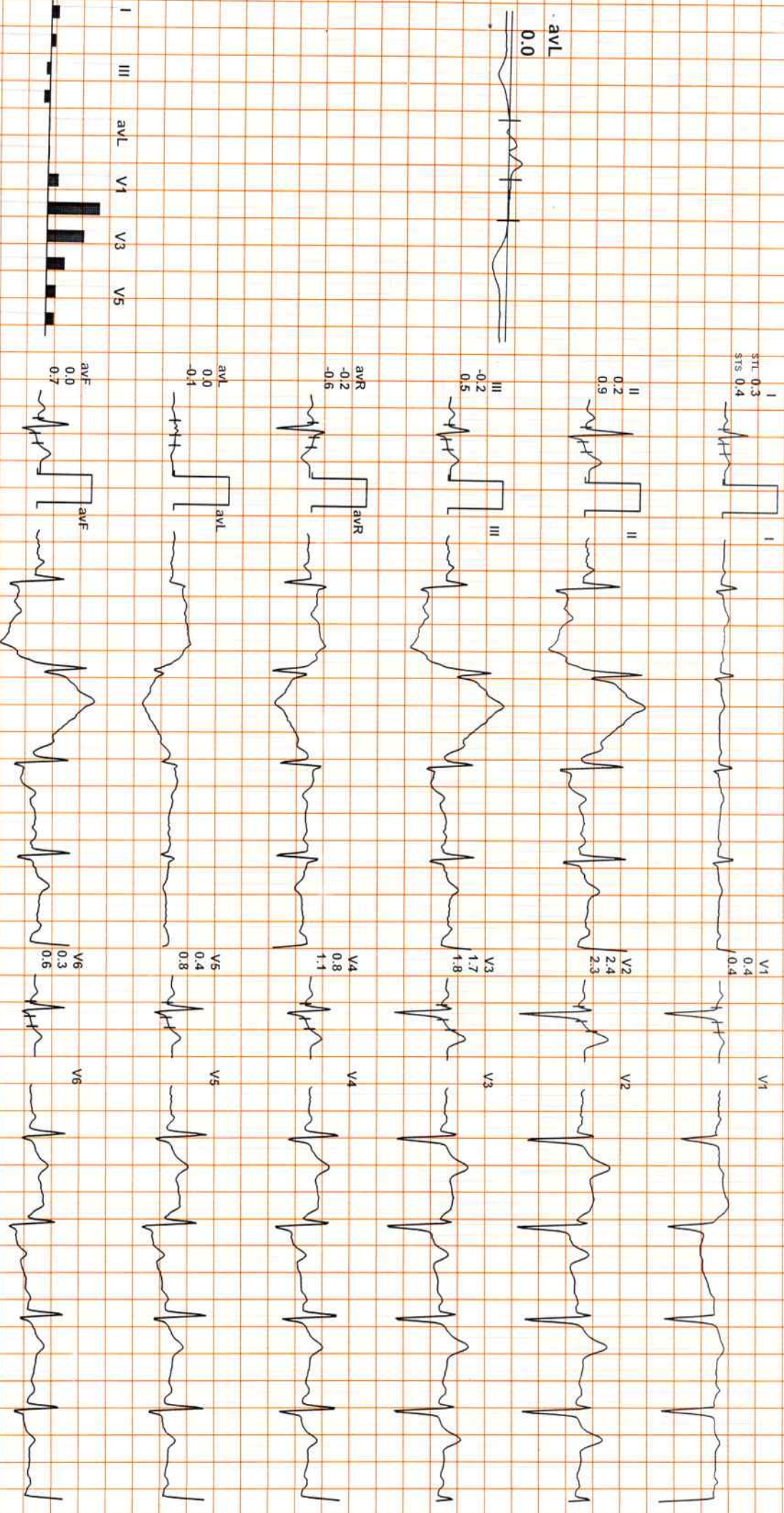


Date: 25-Dec-2021 12:02:21 PM METS: 1.0/ 91 bpm 54% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Notch On/ HF: 0.05 Hz/LF: 100 Hz

EXTime: 07:45 0.0 mph, 0.0%

25 mm/Sec: 1.0 GeminiV

-4X 80ms Post J



REMARKS:

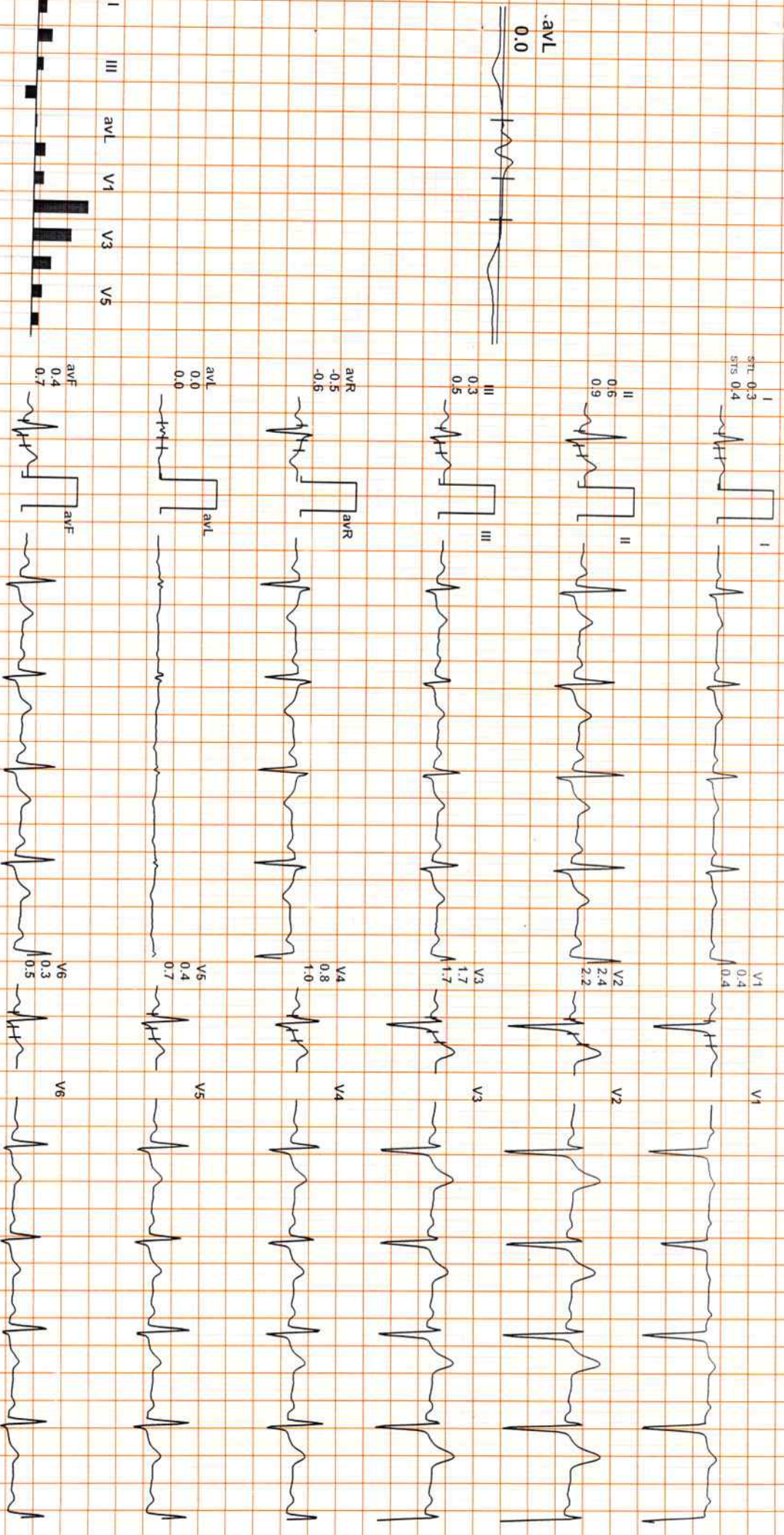


Date: 25-Dec-2021 12:02:21 PM METS: 1.01 90 bpm 53% of THR BP: 130/85 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 07:45 0.0 mph, 0.0%

4X 80 ms Post J

25 mm/Sec 1.9 cm/mV



REMARKS:



Date: 25-Dec-2021 12:02:21 PM

I

II

III

avR

avL

avF

V1

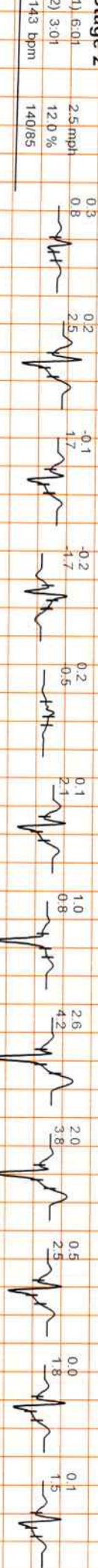
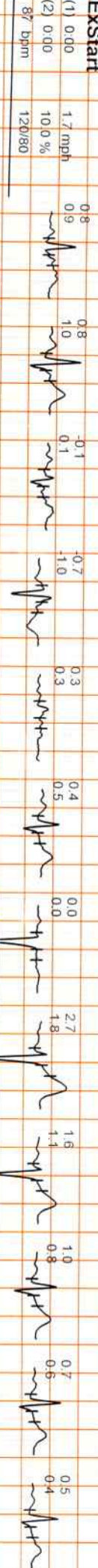
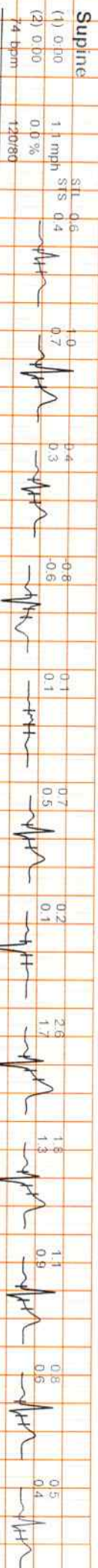
V2

V3

V4

V5

V6





Date: 25-Dec-2021 12:02:21 PM I

II

III

avR

avL

avF

V1

V2

V3

V4

V5

V6

